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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		TOR ATTORNEY DOCKET NO.				CONFIRMATION NO.		
10/614,685	10/614,685 07/03/2003			Yehoshua Shachar				7408			
TITLE OF INVENTION: METHOD AND APPARATUS FOR PIEZOELECTRIC LAYER-WISE PUMP AND VALVE FOR USE IN LOCAL ADMINISTRATION OF BIOLOGICAL RESPONSE MODIFIERS AND THERAPEUTIC AGENTS											
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D		PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE		DATE DUE			
nonprovisional	YES	\$ 755	\$300		\$0		\$1055)9/21/2009		
EXAMINI	EXAMINER ART U		CLASS-SUBCLASS	5							
GILBERT, ANDREW M 3767			604-891100								
Change of correspondence CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys						Dawes				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alter	rnativ	natively, Marcu			s C. Dawes			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a m registered attorney or agent) and the names 2 registered patent attorneys or agents. If no listed, no name will be printed.			of up to o name is 3					
3. ASSIGNEE NAME AND	RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	or type	c)						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.											
(A) NAME OF ASSIGN	(B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Pharmaco Kinesis Corporation Inglewood, CA											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government											
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